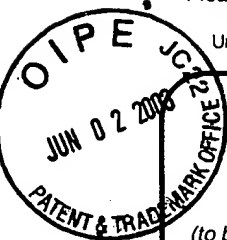


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Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/764,164	
	Filing Date	1/16/01
	First Named Inventor	Carl Wong
	Group Art Unit	2182
Examiner Name	Elamin, A. I.	
Total Number of Pages in This Submission	Attorney Docket Number	034300-000123

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>return postcard</b>
Remarks		

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William E. Winters, Reg. No. 42,232 - Thelen Reid & Priest LLP		
Signature			
Date	5/29/03		

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>May 29, 2003</u>			
Typed or printed name	Diane Morse		
Signature		Date	5/29/03

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**FEE TRANSMITTAL  
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 246**Complete if Known**

Application Number	09/764,164
Filing Date	1/16/01
First Named Inventor	Carl Wong
Examiner Name	Elamin, A. I.
Group / Art Unit	2182
Attorney Docket No.	034300-000123

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<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order		<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Deposit Account:		<b>Large Entity      Small Entity</b>	
Deposit Account Number	50-1698	Fee Code	Fee (\$)
Deposit Account Name	Thelen Reid & Priest LLP	1051	130
<b>The Commissioner is authorized to: (check all that apply)</b>		2051	65
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1052	50
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		2052	25
<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.		1053	130
		1812	2,520
		1804	920*
		1805	1,840*
		1251	110
		1252	410
		1253	930
		1254	1,450
		1255	1,970
		1401	320
		1402	320
		1403	280
		1451	1,510
		1452	110
		1453	1,300
		1501	1,300
		1502	470
		1503	630
		1460	130
		1807	50
		1806	180
		8021	40
		1809	750
		1810	750
		1801	750
		1802	900

<b>1. BASIC FILING FEE</b>		<b>Fee Description</b>		<b>Fee Paid</b>
Large Entity	Small Entity	Fee Code	Fee (\$)	
1001	750	2001	375	
1002	330	2002	165	
1003	520	2003	260	
1004	750	2004	375	
1005	160	2005	80	
<b>SUBTOTAL (1)</b>				<b>(\$ 0)</b>

<b>2. EXTRA CLAIM FEES</b>		<b>Extra Claims</b>		<b>Fee from below</b>		<b>Fee Paid</b>	
Total Claims		**	= 9	X	18	=	162
Independent Claims		**	= 1	X	84	=	84
Multiple Dependent				X		=	0

<b>Large Entity</b>		<b>Small Entity</b>		<b>Fee Description</b>		<b>Fee Paid</b>
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
1202	18	2202	9	Claims in excess of 20		
1201	84	2201	42	Independent claims in excess of 3		
1203	280	2203	140	Multiple dependent claim, if not paid		
1204	84	2204	42	** Reissue independent claims over original patent		
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		
<b>SUBTOTAL (2)</b>				<b>(\$ 246)</b>		

\*\*or number previously paid, if greater; For Reissues, see above

<b>Other fee (specify)</b>		<b>*Reduced by Basic Filing Fee Paid</b>		<b>SUBTOTAL (3)</b>		<b>(\$ 0)</b>
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	William E. Winters	Registration No. Attorney/Agent	42,232	Telephone	408-292-5800
Signature		Date	5/29/03		

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